

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: CASSONE

DOCKET: 4139P2202

SERIAL NO. 09/619,357

FILED: 7-19-00

EXAMINER: DE MILLE

ART UNIT: 3764

TITLE: METHOD FOR TREATING BODY TISSUE DISEASE WITH
ACOUSTIC WAVES

Mail Stop: AF

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

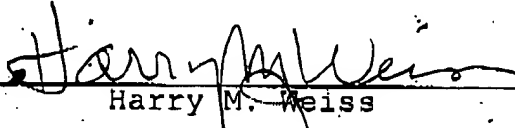
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July 17, 2003

I hereby certify that on the 17th day of July, 2003,
this correspondence is being sent via facsimile to
Examiner DeMille, USPTO, Art Unit 3764 at 703-305-3590.


Harry M. WeissAMENDMENT

Dear Sir:

This is in response to the Final Office Action dated January 22, 2003. A three month extension of time is being submitted with this Fax to permit the filing of this Amendment at this time.

REMARKS

The Examiner has rejected Claims 1, 3-11 and 13-21 (the only claims now on file) under U.S.C. 103 as being allegedly unpatentable over Balamuth in view of Nedley both of these references are newly cited references which Applicant is only for

Specializing in
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FACSIMILE COVER SHEET

DATE: July 17, 2003

Please deliver the following pages to:

NAME: Examiner DeMille

COMPANY: USPTO

FROM: Harry M. Weiss

RE: Cassone Amendment - 09/619,357

FAX NO: 703-305-3590

PAGES SENT (Including cover sheet) 9

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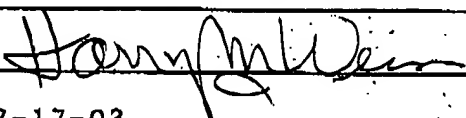
PTO/SB/21 (08-00)


Approved for use through 10/31/2002, OMB 0861-0031

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Applicati n Number	09/619,357	
	Filing Date	7-19-00	
	First Named Inventor	Cassone	
	Group Art Unit	3764	
	Examiner Name	DeMille	
Total Number of Pages in This Submission	8	Attorney Docket Number	4139P2202

ENCLOSURES <i>(check all that apply)</i>		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request 3 months <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i> <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Weiss, Moy & Harris, P.C. Harry M. Weiss
Signature	
Date	7-17-03

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: 7-17-03			
Typed or printed name	Harry M. Weiss		
Signature		Date	7-17-03

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